



# Orange County Psychiatric Society

DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION

## June 2014 Newsletter

### PRESIDENT'S REPORT

By Brenda Jensen, M.D.

#### *What's Your Passion?*



As the new president of OCPS, I would first like to thank so many amazing colleagues, friends, mentors and guests for attending the 30th anniversary OCPS Installation Dinner on May 31st! It was a truly special evening that highlighted the camaraderie which makes OCPS unique among APA district branches. During the Installation Dinner we had the opportunity to learn more about the recent passage of Assisted Outpatient Treatment in Orange County from Carla Jacobs of NAMI, hear about national and state successes in organized psychiatry from CPA President Dr. Tim Murphy, get an Early Career Psychiatrist's perspective about the APA thanks to Dr. Steve Koh, and learn more about the new OCPS mentorship program from Dr. Dave Safani. I would also like to congratulate the OCPS Service Award recipient Dr. Nicolaas-John van Nieuwenhuysen, the OCPS Advocacy Award Recipient, Dr. Jody Rawles and the OCPS Resident-Fellow Member Award recipient, Dr. Dave Safani (his second time receiving this award!). It was a remarkable evening and I cannot imagine a better way of starting our 30th year as a district branch.

I believe every member of OCPS entered psychiatry with a desire to help individuals with mental illness. Beyond that, we each have more detailed goals for what we would like to accomplish through the field of psychiatry. In residency we learn how to diagnose and treat mental illness in order to begin helping our patients. However, as we progress through residency and into our practices, we begin to realize that we cannot practice psychiatry in a bubble. Knowing how to diagnose and treat psychiatric illness is not enough if patients do not have access to see psychiatrists, if due to societal stigmas patients choose not to see a psychiatrist, or if patients cannot afford lab tests, therapies or medications that are ordered. We can sit in our offices diagnosing and treating patients, but without the larger societal issues in place, we will be quite limited in the help we are truly able to give. This applies whether we work for the VA or Kaiser, in an individual practice, academic institution, community clinic or even doing forensics work. It is an issue that we all need to address.

That is why I became involved with organized psychiatry. I realized that one psychiatrist working alone cannot begin to address problems such as access to care, societal stigmas or affordability of treatment. However one psychiatrist working with 262 other psychiatrists within OCPS, 2800 psychiatrists within CPA and 35,000 psychiatrists within APA can make a huge difference.



In fact, we have seen organized psychiatry help to accomplish large changes over the past few years. Parity legislation was passed nationwide to ensure that patients have equal coverage for mental health and

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In an effort to improve communications and to save money and trees, OCPS intends to "go electronic" as much as possible, especially with its communications with its membership. To that end, please provide your E-mail address to Holly in the OCPS office ([happelbaum@ocps.org](mailto:happelbaum@ocps.org)). Starting with this issue, the OCPS Newsletter will be sent to members by E-mail and also will be posted in the "Members Only" section of the OCPS website ([www.ocps.org](http://www.ocps.org)). We appreciate your assistance and cooperation in this effort.

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physical health services. On a state level, psychiatrists continue to effectively advocate for medical training as an essential component of provider practice. Locally, psychiatrists such as Dr. Bill Callahan, Dr. Jeff Glass and Dr. Jody Rawles worked for years with OCPS and other community organizations to get Laura's Law, otherwise known as assisted outpatient treatment, unanimously approved by the OC Board of Supervisors.

While there have been major successes that receive widespread news coverage, there are daily successes involving psychiatrists working within organized psychiatry that you might not hear about. Here are some examples: Dr. Esther Lee is utilizing the APA SAMHSA fellowship to educate younger individuals and churches about mental illness. Dr. Richard Granese is addressing access to care by considering innovative means of communication between primary care physicians and psychiatrists. Dr. Dan Tzuang is educating psychiatrists about Asian-American issues related to psychiatry. Dr. Dave Safani helped to write and implement the new OCPS Mentorship Program. These are only a few examples of psychiatrists working with OCPS, CPA and the APA to make a real difference in helping our patients and our profession.

Recently I had the honor of seeing such work in action. As Co-Chair of the APA's VA Caucus, I was part of a discussion with the APA about the difficulty VAs around the country are having hiring psychiatrists. Taking the VA Caucus's feedback, the APA drafted a bill which would allow VAs to offer incoming psychiatrists significantly better loan repayments to boost recruiting efforts. I'm happy to report that the bill has bipartisan sponsors and co-sponsors in the House and will soon have companion legislation introduced in the Senate. Feedback from VA psychiatrists will hopefully result in a new law thanks to the efforts of organized psychiatry.

Even though there have been successes, numerous challenges still remain. The most pressing challenge facing California is the trial attorneys' attempt to overturn MICRA. The trial attorneys were able to get a proposition on our November ballot which would change malpractice pain and suffering limits from \$250,000 to \$1.1 million. If this proposition passes, it would cause psychiatrist malpractice rates to rise substantially, resulting in huge cost increases being passed along to patients, counties, and states. Passage of this proposition would also impact access to care if psychiatrists could not afford to continue practice in California. OCPS is working with CPA and CMA to fight this proposition. We have begun distributing information about this proposition to OCPS members and we ask you to share your concerns with friends, family and co-workers. I hope many of you reading this article will become involved in efforts to preserve MICRA.

Inside all of us are individual reasons and goals for entering psychiatry. Let's work as a group to strengthen psychiatry's foundation so that we not only accomplish our past goals, but set new goals for our psychiatric future. Over the next two years, I urge everyone to follow the example set by Bill, Jeff, Jody, Esther, Richard, Dan, Dave and so many others. I urge you to figure out what your passion within organized psychiatry may be and how OCPS can help to accomplish it. If we each do that, we will collectively bring hope to our profession and to our patients.

# Assembly Report - May 2014

By Richard Granese, M.D., APA Assembly Representative



By Richard Granese, M.D.

It is my pleasure to present the highlights of the APA Assembly meeting in New York City. There were many interesting topics discussed including Healthcare Reform, MOC and DSM.

The Assembly discussed the new era of medicine with the implementation of the Affordable Care Act and the vision to create teams of health care professionals working with social workers, psychologists, PAs, and NPs. The teams will be led by a psychiatrist and will collaborate with the other providers to help reach more patients. The integrated care model will be more effective than the individual care settings. It is also felt that fee for service will be more limited.

A good example of action papers materializing into concrete tools to benefit our membership is the APA sponsored Train-the-Trainers session for Healthcare Reform and the Psychiatric Practice. This upcoming training will provide the opportunity for a representative from each branch to be able to learn the ins and outs of healthcare reform for psychiatry practice and review of the roles and opportunities for psychiatry in the emerging integrated care delivery model. The trainer will bring the lessons back to educate their respective District Branches.

As we face the epidemic of opioid addiction and deaths as a result of overdoses, one action paper was drafted to advocate for increasing the number of patients that a buprenorphine prescriber may treat. If an opioid addict abuses heroin they will be more likely to die from heroin not from Suboxone. This action paper passed and the

APA will have to work with the DEA to make this increase in number of buprenorphine prescriptions per provider a reality.

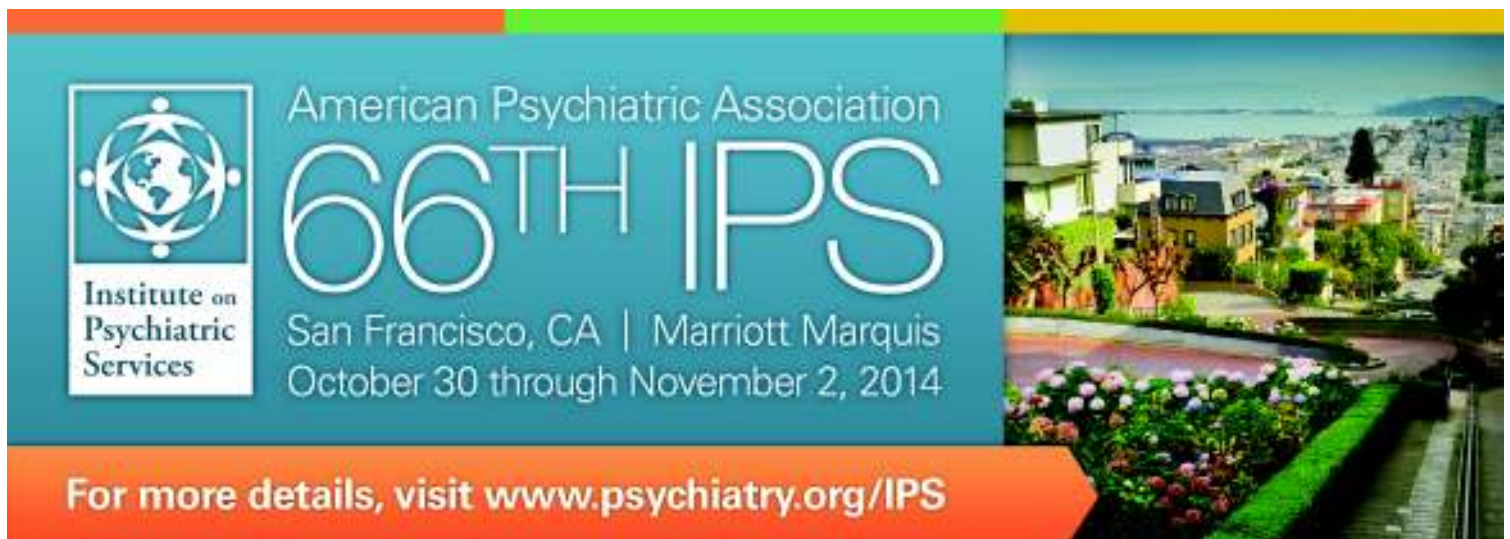
Another action paper urged ABPN to use DSM-5 nomenclature on all upcoming exams. This action paper passed but likely the use of both DSMIV and DSM-5 will be used on the 2015 exams during the transition.

The issue to bring back industry-supported symposia was brought up once again. The Assembly voted it down to avoid the perception of conflict of interest from the general public.

In addition, the APA lobbied against proposed Medicare Part D changes. There was discussion by Medicare to remove antidepressants and antipsychotics from the protected class of drugs. As a result of lobbying efforts, CMS backtracked and said they will look into it further.

And lastly the membership of the APA is trending upwards. The total membership currently is 35,003 demonstrating a 3.4 percentage increase from 2013.

While we are accomplishing great things we must be diligent of the inevitable challenges facing us and continue to move forward.

A promotional banner for the American Psychiatric Association's 66th International Psychiatric Society (IPS) meeting. The banner features the APA logo on the left, which includes a globe and the text 'Institute on Psychiatric Services'. To the right of the logo, the text reads 'American Psychiatric Association', '66TH IPS', 'San Francisco, CA | Marriott Marquis', and 'October 30 through November 2, 2014'. At the bottom, a red arrow-shaped box contains the text 'For more details, visit [www.psychiatry.org/IPS](http://www.psychiatry.org/IPS)'. The background of the banner is a scenic view of San Francisco, showing a hillside with houses and a view of the bay.



## JOINING THE FIGHT Against Higher Healthcare Costs & Unachievable Mandates

*By: David Safani, M.D., MBA*

This year, trial lawyers have drafted a November 2014 ballot measure seeking to change current law that will significantly impact the way we all practice psychiatry in California. Briefly, the ballot measure aims to increase the cap on pain and suffering from \$250k to \$1.1m, mandate the use of CURES before prescribing schedule 2 meds (a system that cannot even handle the number of physicians already enrolled), and mandate drug screening for hospital physicians with only 12 hours notice. Many are unaware that this ballot measure exists and given that the measure is going to be presented under the title of patient safety act, many may continue to stay in the dark.

In order to be successful in this fight against higher healthcare costs and unachievable mandates, we must all join together. Weeks ago, I brought this issue up to the Committee of Interns and Residents, a national resident union representing over 13,000 residents. The executive board voted unanimously to support the fight against the November ballot initiative and get the word out to their members in California and nationally. Residents have immense potential in political outcomes. They see a vast number of patients and have an extensive professional and personal network including colleagues, nurses, social workers, case managers, techs, administrative staff, friends and family. When someone from our network asks us what we think about the ballot initiative measure, it is vital that we be well-informed regarding the huge negative impact the measure would have on issues such as access to care and privacy.

It is not a question of can we defeat this measure but rather will we? Will we educate our networks about the risks of the measure? Will we register and get to the polls to vote? Will we all individually do our parts rather than rely on the belief that someone else may do it for us? Should this measure pass, our futures will be grim and there exists a strong potential for encouraging future measures to spread across state lines. I believe we can and will come together and defeat this measure while sending a poignant message to trial lawyers and others who would seek to impede access to care, weaken protection of privacy, or increase the cost of healthcare in the future. Thank you in advance for your support. I look forward to celebrating with you in spirit on the eve of November 4<sup>th</sup>.

Join the fight . . . go to [www.micra.org](http://www.micra.org).

## CALENDAR OF EVENTS

- July 12, 2014** CPA Council meeting - Burbank
- July 24, 2014** NAMI-OC Annual Dinner  
Santa Ana Country Club
- July 29, 2014** Healthcare Reform and the Affordable Care Act – OCMA offices, Irvine  
6:30 p.m. Dinner  
7:00 p.m. Presentation
- Aug 1 & 2, 2014** NAMI California Annual Conference  
Newport Beach Marriott
- Sept 6, 2014** OCPS Council Retreat and Summer Social- Dr. Bera's Home
- Sept 19-21, 2014** CPA Annual Meeting – Tenaya Lodge, Yosemite

### Advertising Rates

<u>Member</u>		<u>Non-member</u>	
Full page	\$320	Full page	\$400
Half page	\$240	Half page	\$300
Quarter page	\$184	Quarter page	\$230

### Classified Ads

#### Member

First 35 words - \$37;  
each additional word - 42 cents

#### Non-member

First 35 words - \$46;  
each additional word - 52 cents

OCPS is proud to announce that Dr. Rimal Bera, chair of the OCPS Public Affairs Committee, was named as the 2014 OCMA Physician of the Year. The award was presented to Dr. Bera during the OCMA General Membership Dinner on May 29, 2014, where he was surrounded by family, friends and colleagues. His brother, Congressman Ami Bera, M.D., sent a taped message congratulating Dr. Bera for his accomplishment.

Dr. Bera is a clinical professor of psychiatry at UCI School of Medicine, a Distinguished Fellow of the APA and past president of the Board of Directors of the Orange County Mental Health Association.

Dr. Bera said that, above all, he is proud to have served the mental health community in Orange County. "I have found this to be a most rewarding fit for my areas of interest. I look forward to helping to continue to evolve the landscape of mental healthcare delivery, not just locally, but statewide and nationwide," he said.

Dr. Bera said he has made it a priority to decrease the stigma attached to mental illness.

Dr. Bera also serves as medical director for the Pat Moore Foundation Substance Abuse Recovery Center, Universal Care Behavioral Health for California, and the John Henry Foundation, a specialized setting for the treatment of individuals with schizophrenia.

A large part of Dr. Bera's work involves helping the medical community navigate the complexities of finding ways to provide care for the medically ill who have a co-morbid mental health concern.

At Universal Care, Dr. Bera helped develop a comprehensive plan of care for the chronically mentally ill that brings together mental health and physical health services under one roof and serves as a model for future mental healthcare integrated with physical healthcare. The program has been recognized nationally for this integration of medical and psychiatric care in one facility.

OCMA's Physician of the Year award was established in 1983 to recognize an Orange County physician who has exemplified what it means to be an accomplished physician throughout his or her career.

Congratulations Dr. Bera for this well-deserved honor.

By: Emily N. Yee, M.D., PGY-3  
University of California, Irvine, Department of Psychiatry

Celebration. Challenge. Courage. The excited buzz could be felt throughout the evening at this year's OCPS Installation Banquet. We celebrated the victories of the past two years with the passing of the 5270 and Laura's Law. We were challenged by the obstacles that remained before us – the continued stigma associated with mental illness and potential changes to MICRA. And we felt hopeful for the courage to continue to push through and progress. As a resident, I felt inspired and motivated by seeing not just what could be done by our attending physicians like Dr. Rawles out there in the "real world," but also what could be done by residents like us and fellows like Dr. Safani. As I sat there savoring every bite of that delicious molten chocolate dessert, I not only felt proud to be a member of OCPS, but I felt empowered. Empowered to make a difference. Empowered to be part of a dynamic force that is making positive change in our county, in our state, in our nation. Dr. Koh's words rang true – OCPS isn't just about socializing and picking up great swag (anybody else stock up on manicure sets and USB thumb drives?). It is about growth and evolving as a physician, living out that dedication to lifelong learning and service to our community.



A few residents enjoying the 2014 OCPS Installation Dinner: Drs. Emily Yee, Esther Lee and Surani Jayaratna

# OCPS Education Committee Report

By Sonya Rasminsky, MD and Michael Frazier, MD,  
Education Committee Co-Chairs

The Education Committee has new leadership and we're eager to have your input! We'd like to say a big THANK YOU to Dr. Nancy Dom for her service to OCPS as Education Committee Chair from 2012 to 2014. In April, we sent out a survey to all OCPS members asking about educational priorities. Fifty-one members responded, representing a range of practice settings and years of practice. The order of topics that members stated they were most interested in were as follows: psychopharmacology, DSM-5, special populations (e.g. pregnant women, medically ill patients), psychotherapy, diagnosis and treatment of particular disorders, health care reform, integrative medicine, and substance use disorders. In response to the survey, we are working hard to tailor future talks to OCPS member interests. Please get in touch if you're interested in joining our committee.

## Past events:

On May 15, Dr. David Sheffner hosted a wonderful salon-style medical/legal presentation at his home, in which he presented an interesting forensic case about private practice psychiatry. The presentation, which covered APA ethics, Medical Board considerations, confidentiality/HIPAA, mandatory reporting, malpractice, and supervision ethics, featured attorney Brandt Caudill, Jr., a malpractice attorney who represents mental health professionals, attorney Mark Levin, former Deputy Attorney General representing the Medical Board, and Kal Sharma, M.D., chairman of the Orange County Psychiatric Society's Ethics Committee. Thank you Dr. Sheffner for a fantastic evening!

Upcoming events, all hosted at the OCMA building in Irvine.

Tuesday, July 29, 6:30pm Dinner, 7:00pm Presentation: "Healthcare Reform and the Affordable Care Act: Impact on Psychiatry"

We all have questions about how we'll be affected by the ACA. Dr. Richard Granese attended a "train the trainer" national meeting about the Affordable Care Act, hosted by the APA's Office of Healthcare Systems and Financing (OHSF), and will share his findings with our district branch. Details to follow.

Thursday, October 23, 6:30pm: "Firearms and Emergencies: Ethical and Liability Concerns when Dealing with Persons with Mental Illness." Kristen Lambert, Esq, Vice President Risk Management, AWAC Services Company, in association with American Professional Agency, the APA's endorsed professional liability insurance provider,

will present about firearms and persons with mental illness. This talk will explore the types of claims brought against psychiatrists resulting from a patient's violent/suicidal actions, applicable state/federal laws regarding "duty to warn", firearms violence prevention and access to firearms by persons with mental illness, and liability risks when treating patients who are violent/suicidal.

Fall 2014, Date TBA: "ABPN: Maintenance of Certification"

On a Saturday morning in the fall, OCPS will be hosting representatives from the American Board of Psychiatry and Neurology to go over Maintenance of Certification requirements. This will be a valuable way get hands-on experience with the ABPN website, ask questions to ABPN directly, and learn practical ways to satisfy MOC requirements.

## **27<sup>th</sup> Annual CALIFORNIA PSYCHIATRIC ASSOCIATION PREMIER CONFERENCE**

**September 19-21, 2014  
Tenaya Lodge, Yosemite, California**

**For more information or for the meeting schedule,  
please visit:**

**[www.calpsych.org/cpameetings.html](http://www.calpsych.org/cpameetings.html)**

**or call**

**(800) 772-4271**

## Ethics Corner

As a service to our members we are presenting ethics questions and their answers as printed from *Opinions of the APA Ethics Committee on the Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry*.

**Question:** We have learned that our psychiatry residents routinely "Google" their patients. On one recent occasion the resident discovered that an inpatient was on a most wanted list in another state for arson despite having denied a history of illegal behavior. Is it ethical to do a Google search of your patient's name? What is the ethical response to learning through a Google search that your patient is wanted by the police?

**Answer:** "Googling" a patient is not, in and of itself, unethical. First and foremost, the "googling" of a patient should only be done in the interests of promoting patient care and wellbeing and never to satisfy the curiosity or other needs of the psychiatrist. Also important to consider is how such information will influence treatment, and how the clinician will ultimately use this information. The psychiatrist should ask him or herself these questions before resorting to a Google search. A clinician who routinely assumes information that cannot be verified as fact and directs treatment based on such information may be at risk for practicing incompetently. It is prudent to identify the source of information that is entered into a medical record.

The standard of practice for learning about a patient's medical condition is through face-to-face interviews, and this information may be supplemented by collateral information, e.g., medical records or family members. Refusal or inability by patients to provide important historical information is not uncommon; in this circumstance collateral data may assume an important role. "Googling" a patient in such a scenario may provide useful information. However, information obtained this way, such as on a Facebook website, may not be current or accurate, especially for clinical purposes. Similarly, newspaper articles may not be reliable. Information such as birth records and sex offender registration is more likely to be trustworthy. Whenever information is obtained through "googling," it is important to corroborate it.

Reporting requirements vary state to state; those that supersede confidentiality regulations or laws are generally relevant to public safety. Every psychiatrist should become familiar with their state reporting laws. (2010)

**Question:** I am the treasurer of my district branch and am trying to think of some ways to increase our revenue. My idea is to sell a monthly advertising program to research groups. The DB staff would send out information describing clinical studies for which participants are needed and psychiatrists would put the brochures in their waiting rooms. If patients are interested, they can contact the research company directly. The psychiatrist would merely provide a venue for advertising in his or her office. Do you see any ethical issues with this plan?

**Answer:** We commend you in asking for an opinion prior to embarking on this enterprise. For a psychiatrist to place material in the waiting room advertising the needs of a research group, even though it would seem to be an entirely voluntary participation on the part of the patient, may be interpreted as a recommendation to the patient to participate in research, and may imply an endorsement on the part of the psychiatrist. Displaying material in the waiting room which has been placed there to raise money for the DB (an issue of self-interest) goes against the ethical principle of not influencing the patient in any way not directly relevant to the treatment goals, and your DB would be ill-advised to undertake such a scheme.

## Member Spotlight Jody M. Rawles, M.D.



Numerous outstanding and accomplished individuals comprise the membership of OCPS. In order to better recognize the unique and dynamic individuals who are OCPS members, "Member Spotlight" is our newest regular feature of the OCPS Newsletter.

Jody M. Rawles, M.D., is one such member.

Dr. Rawles received his B.A. in psychology, with a minor in biology, from U.C. Santa Cruz in 1987. He received his medical degree from Albany Medical College at Union University in May 1998.

Dr. Rawles began his post-college career in research, but ultimately realized his true calling was in psychiatry. After finishing medical school, he completed psychiatry residency training at U.C. Irvine in 2002 and subsequently became the Director of the Adult Psychiatry Inpatient Unit at U.C. Irvine, a position he continues to hold. In this capacity, Dr. Rawles cares for individuals with severe mental health and physical health conditions and trains psychiatry residents and medical students who rotate through his unit. He is dedicated to both the patient care and teaching facets of this position. He is known for taking the time to understand all aspects of the individuals he treats, recognizing that each individual has unique circumstances leading to hospitalization that go far beyond the label of a particular mental illness. Dr. Rawles instills these same principles in the residents and medical students who he trains and that teaching has resulted in him winning the Teacher of the Year award for UCI Psychiatry. Within U.C. Irvine Medical Center, he also has pushed for the Emergency Medicine residency program to include more training in psychiatry to help facilitate more knowledgeable and compassionate psychiatric care within multiple aspects of medicine.

Dr. Rawles has also been quite active within community mental health through his work with the Orange County Psychiatric Society. He is the chairman of the OCPS Government Affairs Committee and has focused on advocacy, community education, and legislative efforts through this position. One of his initiatives is to increase collaboration between organizations such as NAMI and OCPS to make sure that advocacy organizations work together towards improved mental health care in Orange County. Dr. Rawles has also represented Government Affairs at events dedicated to homelessness and human rights, and explored the effects of California prisoner release on our local community. When patient safety was threatened by regulations issued by the California Department of Public Health, he traveled to Sacramento to testify. Dr. Rawles has also met with multiple members of the Orange County Board of Supervisors and state representatives to discuss potential improvements for mental health care in Orange County.

Dr. Rawles' efforts in government affairs were recognized by the California Psychiatric Association in 2011, when he received the Ed Rudin Award, which is presented to individuals for contributions to state government affairs on behalf of psychiatry.

In February 2014, Dr. Rawles received the Mental Health Association's Community Service Award in the professional category. Although he does not seek recognition for his efforts, he is well deserving of this award, as evidenced here: The commitment that he has demonstrated to his patients, mentoring residents and medical students, developing collaborations between advocacy groups, educating the community about mental illness, and advocating for improvements in legislation and local policies is nothing short of inspirational. Dr. Rawles does all of these activities because he is dedicated to improving the lives of individuals with mental illness.

His (and many of his OCPS colleagues') tireless behind-the-scenes work to get 5270 holds implemented in Orange County was rewarded when, in March 2013, the Orange County Board of Supervisors approved the use of 5270 holds in Orange County. Following that success, on May 13, 2014, the Orange County Board of Supervisors voted to adopt Laura's Law (assisted outpatient treatment) in the County of Orange.

As many of you know, Dr. Rawles has been serving as the interim chair of the UCI Department of Psychiatry and Human Behavior, which has brought many new and challenging responsibilities.

Wishing to go out on top, Dr. Rawles has decided to step down as chair of the OCPS Governmental Affairs Committee. Thank you to Dr. Rawles for his years of service to OCPS. Please know you always will be welcome to return to action whenever duty calls. Dr. Rawles and his wife, Somaly, and their two daughters live in Long Beach.



# CLASSIFIED ADS

Whittier College Student Counseling Center seeks a consulting Psychiatrist, 10 hours/month to assess students, oversee psychiatric medications, manage hospitalizations/crises, and consult with in-house counselors. 10 month contract (Sept – May). Contact **Dr. Rebecca Romberger**, [rromberger@whittier.edu](mailto:rromberger@whittier.edu).

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The Mental Health Association of Orange County, a private, non-profit mental health provider, is actively recruiting for part-time staff psychiatrists as part of a multidisciplinary outpatient mental health treatment program to provide medication management services. Immediate openings available at our Lake Forest location. Contact **Jeff Thrash** at [thrash@mhaoc.org](mailto:thrash@mhaoc.org) or by phone at **(714) 547-7559**. EOE

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Beautiful, sunny, furnished office for rent in upscale NB Cognitive Behavioral Psychology suite. Convenient location near John Wayne airport, ample free parking, restaurants, Starbucks next door. Wifi, printer, and fridge in suite. \$400 per month for 2 days/week. Contact Misa, **949 306 9913** or [butsumhara@yahoo.com](mailto:butsumhara@yahoo.com).

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## IRVINE

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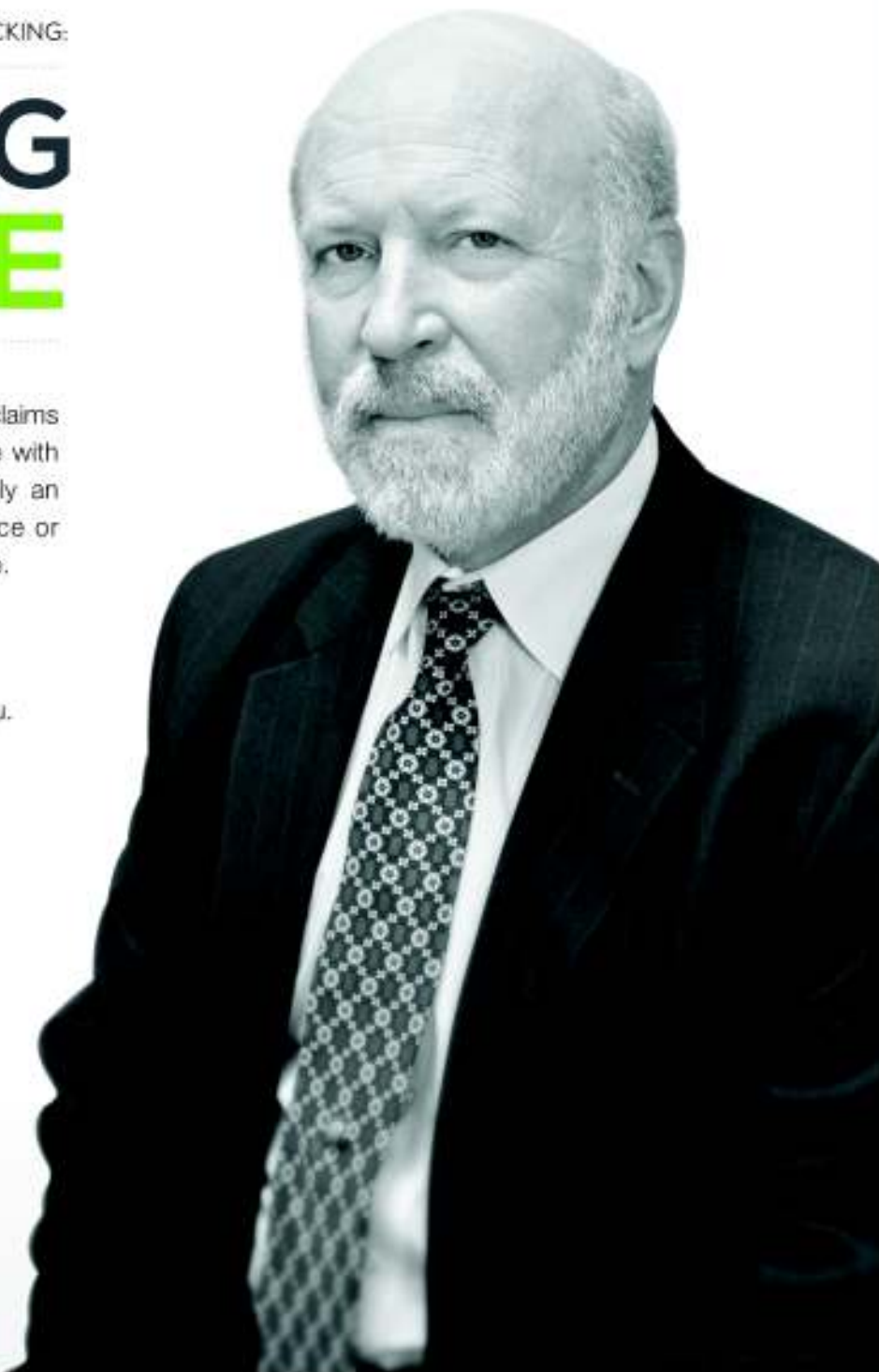
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